TEXAS Health and Human Services | Texas Department of State Health Services

Rickettsial Disease Case Investigation

☐ Flea-borne Typhus ☐ Spotted Fever Group Rickettsioses ☐ Rickettsia, unspecified
☐ Anaplasmosis ☐ Ehrlichiosis ☐ Ehrlichiosis/Anaplasmosis undetermined
☐ Other (Describe): _____

NBS Patient ID: _____
PLEASE PRINT LEGIBLY

Patient Information

Last Name: _____ First Name: _____
Date of Birth: _____/_____/_____ Age: _____ Sex: ☐ Male ☐ Female ☐ Unknown
Street Address: _____ City, State, Zip: _____
Patient Phone: _____ County of Residence: _____
Race: ☐ Asian ☐ American Indian/Alaskan Native
☐ Black or African American ☐ Native Hawaiian/Pacific Islander
☐ White ☐ Unknown ☐ Other: _____
Ethnicity: ☐ Hispanic ☐ Not Hispanic ☐ Unknown

Clinical Information

Physician: _____ Address: _____
City, State, Zip: _____ Phone: _____ Fax: _____
Was the patient hospitalized for this illness? ☐ Yes ☐ No ☐ Unknown
If yes, provide name and location of hospital: _____
Dates of hospitalization: Admission ____/____/_____ Discharge ____/____/_____
Date of illness Onset: ____/____/_____
Does the patient have an underlying chronic illness? ☐ Yes ☐ No ☐ Unknown
Is the patient immunosuppressed? ☐ Yes ☐ No ☐ Unknown
Is there a more likely clinical explanation for this patient's symptoms? ☐ Yes ☐ No ☐ Unknown
If yes, provide explanation: _____
Is the patient deceased? ☐ Yes ☐ No ☐ Unknown
If yes, provide date of death: ____/____/_____ (submit documentation)

Clinical Evidence

Fever	☐ Yes	☐ No	☐ Unknown
Headache	☐ Yes	☐ No	☐ Unknown
Anorexia	☐ Yes	☐ No	☐ Unknown
Nausea/Vomiting	☐ Yes	☐ No	☐ Unknown
Malaise	☐ Yes	☐ No	☐ Unknown
Myalgia	☐ Yes	☐ No	☐ Unknown
Anemia	☐ Yes	☐ No	☐ Unknown
Leukopenia	☐ Yes	☐ No	☐ Unknown
Thrombocytopenia	☐ Yes	☐ No	☐ Unknown
Elevated liver function test	☐ Yes	☐ No	☐ Unknown

Other: _____

Rash: ☐ Yes ☐ No ☐ Unknown
If yes, date of onset: ____/____/_____
Description of rash (Select all that apply):
☐ Macular ☐ Papular ☐ Petechial
☐ Urticarial ☐ Pruritic
☐ Other (Describe): _____
Rash appeared on:
☐ Face ☐ Arms ☐ Palms of hands
☐ Trunk ☐ Legs ☐ Soles of feet
Rash spread from:
☐ Arms/legs to trunk ☐ Trunk to arms/legs

Specify any life-threatening complications in the clinical course of illness: ☐ None
☐ Acute respiratory distress syndrome (ARDS) ☐ Meningitis/encephalitis
☐ Disseminated intravascular coagulopathy (DIC) ☐ Renal failure
☐ Other: _____

NBS Patient ID: _____ Patient Name: _____

Treatment

Did the patient receive antibiotic treatment? ☐ Yes ☐ No ☐ Unknown

If yes, select all that apply:

- ☐ Tetracycline (other than Doxycycline)
- ☐ Doxycycline
- ☐ Chloramphenicol
- ☐ Other (explain): _____

Did patient respond to treatment? ☐ Yes ☐ No ☐ Unknown

Epidemiology

Are fleas present at patient's environment? ☐ Yes ☐ No ☐ Unknown

Does the patient have a history of flea bites? ☐ Yes ☐ No ☐ Unknown

Are rodents present in patient's environment? ☐ Yes ☐ No ☐ Unknown

Are other wild animals present in patient's environment? ☐ Yes ☐ No ☐ Unknown

If yes, what kind: _____

Are dogs present at patient's environment? ☐ Yes ☐ No ☐ Unknown

Are cats present at patient's environment? ☐ Yes ☐ No ☐ Unknown

Does patient have a history of known tick attachment? ☐ Yes ☐ No ☐ Unknown

If yes, was tick engorged (swollen with blood)? ☐ Yes ☐ No ☐ Unknown

Date of attachment: ____/____/_____ How long (in hours) was tick attached? _____

Did the patient de-tick an animal by hand in 14 days prior to onset? ☐ Yes ☐ No ☐ Unknown

Occupation: _____

(give exact job, type of business or industry, work shift and % of time spent outside while at work)

Did the patient travel outside his/her county of residence in 14 days prior to onset? ☐ Yes ☐ No ☐ Unknown

If yes, provide dates and locations on page 3.

Was there recent exposure to outdoor areas? ☐ Yes ☐ No ☐ Unknown

If yes, was it (select one): ☐ Residence ☐ Occupational exposure ☐ Recreational

Laboratory Findings

Date Collected	Source	Test	Condition/Agent	Result	Normal Value

NBS Patient ID: _____ Patient Name: _____

Travel Dates and Locations Prior to Illness Onset				
Dates	**Area/Street Address**	**City**	**State**	**Country**

Comments or Other Pertinent Epidemiological Data

Notes

Differentiating Spotted Fever Group Rickettsioses (SFGR) and Flea-borne Typhus:

As a result of significant cross-reactivity among rickettsial species, specimens should be tested against a *panel of *Rickettsia* antigens, including, at a minimum, *R. rickettsii* and *R. typhi*, in an attempt to differentiate between SFGR and flea-borne typhus. Additionally, the rickettsial IgM tests lack specificity (resulting in false positives); thus, IgG titers are considered to be much more reliable.

* *Specimens may be forwarded to the DSHS Serology lab for rickettsial panel testing.*

Completed by Investigating Agency

Date First Reported: ____/____/_____ Investigation: Started ____/____/_____ Completed ____/____/_____

Reporting Facility: _____

Name of Investigator: _____ (Please print clearly)

Agency: _____ (PLEASE DO NOT ABBREVIATE)

Phone: _____ E-Mail: _____